

Fill in this information to identify the case:

Debtor name Starworks, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 27, 2019

X /s/ James Grant

Signature of individual signing on behalf of debtor

James Grant

Printed name

Chief Executive Officer

Position or relationship to debtor

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Debtor name **Starworks, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **112,173.23**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **112,173.23**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **3,053,753.45**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **19,149.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **8,787,522.29**

4. Total liabilities
Lines 2 + 3a + 3b

\$ **11,860,424.74**

Fill in this information to identify the case:

Debtor name **Starworks, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Wells Fargo****Checking****6768****\$0.00****4. Other cash equivalents (Identify all)**4.1. **Petty cash box consist of \$61.36, 322.10 Euros, and 104.47 GB.****Undetermined****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **5 Crosby Street Inc. - security deposit****\$2,779.00****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Debtor Starworks, LLC Case number (if known) _____
Name

8.1. **Syndicate 2623/623 at Hoyd's & AFB Media Tech & Professional Liability for the period**
3/19/2019-3/19/2020 **\$6,374.59**

9. **Total of Part 2.** **\$9,153.59**
Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 362,961.08 - 271,503.77 = **\$91,457.31**
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 601,245.58 - 590,309.28 = **\$10,936.30**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.** **\$102,393.61**
Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

	Valuation method used for current value	Current value of debtor's interest
14. Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership	
15.1. Starworks London, Ltd. (pending insolvency proceeding)	<u>100</u> %	Undetermined
15.2. Starworks Artist, LLC	<u>70</u> % Expert	Undetermined

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.** **\$0.00**
Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

Debtor Starworks, LLC Case number (if known) _____
Name

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture See attached schedule	\$0.00		\$0.00
	See attached schedule	Undetermined		Undetermined
40.	Office fixtures See attached schedule	Undetermined		Undetermined
41.	Office equipment, including all computer equipment and communication systems equipment and software See attached schedule	Undetermined		Undetermined

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Debtor Starworks, LLC Case number (if known) _____
Name

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. LA office at 4525 Wilshire Blvd., Los Angeles, CA. Lease is from 9/1/2018 to 8/31/2026 with option to extend for 7 years.	Lease	Undetermined		Undetermined

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Trademark on "Starworks"	Undetermined		Undetermined
61. Internet domain names and websites www.starworksgroup.com; www.swa-agency.com	Undetermined		Undetermined
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations Customer lists; press lists.	Undetermined		Undetermined

Debtor **Starworks, LLC**
Name

Case number (if known)

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No
☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No
☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.
☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Insurance claim with Continental Casualty Co. (Claim OLA 4333)

Undetermined

Nature of claim Employee Dishonesty Policy

Amount requested \$205,000.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

Inthesomeday LLC v. Starworks, LLC, No. 651009/2019 (NY Supr Ct. 2019)

Undetermined

Nature of claim Counterclaims: Tortious interference, conversion, unjust enrichment, replevin

Amount requested \$675,000.00

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets,

Debtor Starworks, LLC Case number (if known) _____
Name

country club membership

Soho House Membership (quarterly) \$626.03

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$626.03

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Starworks, LLC** Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$9,153.59	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$102,393.61	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$626.03	
91. Total. Add lines 80 through 90 for each column	\$112,173.23	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$112,173.23

Schedule A/B - Part 7; Question 38, 39, 40, and 41

Description	Cost	Depreciation	Net Book Value	Valuation Method	Current Value of Debtor's Interest
Furniture					
Kitchen Table IKEA3/16/2018	\$ 226.46	\$ 41.24	\$ 185.22	Cost	
Fully, Inc. - Standing Office Desk 10/31/2018	\$ 455.00	\$ 47.70	\$ 407.30	Cost	
Poppin Inc. - Conference Table11/13/2018	\$ 1,739.82	\$ 172.17	\$ 1,567.65	Cost	
Amazon 4 Desk Chairs LA Office 3/22/2019	\$ 416.04	\$ 21.67	\$ 394.37	Cost	
West Elm 4 Desks for LA office 4/29/2019	\$ 1,156.32	\$ 48.18	\$ 1,108.14	Cost	
11 Single White Desks	unknown	unknown	unknown		
5: 2-Drawer Cabinets	unknown	unknown	unknown		
One 25 by 6 feet module table- Vitra	unknown	unknown	unknown		
4 White Short Cabinets- 31 x 39 x 16 inches	unknown	unknown	unknown		
7 Clear Acrylic Chairs	unknown	unknown	unknown		
21 Office Chairs- assorted	unknown	unknown	unknown		
3 Section Glass Conference Table	unknown	unknown	unknown		
5 Trash Cans- Simply Human	unknown	unknown	unknown		
14 Small Desk Trash Cans	unknown	unknown	unknown		
5 Bookcases- 6 Ft	unknown	unknown	unknown		
4 White plastic chairs	unknown	unknown	unknown		
1 Receptionist table	unknown	unknown	unknown		
4 white high stools	unknown	unknown	unknown		
	\$ 3,993.64	\$ 330.96	\$ 3,662.68		
Fixtures					
Glass Door CEO Office2/24/2017	\$ 6,097.00	\$ 1,531.51	\$ 4,565.49	Cost	
Aspen Kincaid - Dividing / Living Wall8/22/2018	\$ 6,775.00	\$ 701.18	\$ 6,073.82	Cost	
Atlantis Glass - Installation of Glass Door for Conf Room 10/26/201810	\$ 2,680.00	\$ 226.94	\$ 2,453.06	Cost	
SSC - Deposit for IT Build Out in LA Office10/31/2018	\$ 15,000.00	\$ 1,250.00	\$ 13,750.00	Cost	
First Impulse - IT Build Out in LA Office 12/20/2018	\$ 33,146.60	\$ 2,209.77	\$ 30,936.83	Cost	
Stanley Security LA Office Instrusion System January 2019	\$ 14,980.00	\$ 873.83	\$ 14,106.17	Cost	
	\$ 78,678.60	\$ 6,793.23	\$ 71,885.37		
Equipment					
Aerohive AP 330 Internet Router3/31/2013	\$ 1,342.97	\$ 1,231.06	\$ 111.91	Cost	
Wireless Access Points for new LA Office11/28/2018	\$ 2,566.90	\$ 275.03	\$ 2,291.87	Cost	
Apple Ipad for LA office 1/9/2019	\$ 1,098.91	\$ 213.68	\$ 885.23	Cost	
Macbook Air 5/20/2019	\$ 1,087.66	\$ 90.64	\$ 997.02	Cost	
1 Flat Screen TV (CEO Office) 2/14/2017	\$ 1,306.49	\$ 1,106.89	\$ 199.60	Cost	
Dishwasher Home Depot2/9/2018	\$ 913.05	\$ 180.71	\$ 732.34	Cost	

Best Buy - Dishwasher for LA Office11/15/2018	\$ 837.66	\$ 82.89	\$ 754.77	Cost
Assorted Kitchen Cutlery and Glassware	unknown	unknown	unknown	
Assorted Office Supplies	unknown	unknown	unknown	
1 HP Officejet Pro 8710 Printer	unknown	unknown	unknown	
1 Paper Shredder (FELLOWES 99CI)	unknown	unknown	unknown	
10 iMac desktops that are over 7 years old or are inoperable	unknown	unknown	unknown	
6 iMac desktops that are between 4 to 7 years old	unknown	unknown	unknown	
2 Flat Screen TVs	unknown	unknown	unknown	
2 Windows desktops that are over 5 yers old	unknown	unknown	unknown	
1 Macbook pro (2016)	unknown	unknown	unknown	
1 Microwave oven	unknown	unknown	unknown	
	\$ 9,153.64	\$ 3,180.90	\$ 5,972.74	

Equipment Leased

Xerox Copier (Model XC550) SN XPN399472 – NY Office
Xerox Copier (Model 7556) – NY Office
Xerox Copier (Model 7545) – LA Office
Windows Server 20123L -- Smart Star DS4600 – NY Office
Pitney Bowes Small Office Series Postage Printer
SkyWater Ice Water / Water Cooler

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United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Chrome Capital LLC <small>Creditor's Name</small> Attn: Pres. or Gen Counsel 720 Goodlette-Frank Rd. #400 Naples, FL 34102 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All accounts, chattel paper, documents, equipment, general intangibles, instruments, and inventory, now or hereafter owned or acquired by Debtor. Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$63,154.00	Undetermined

2.2	Chrome Capital LLC (Bridge) <small>Creditor's Name</small> Attn: Pres. or Gen Counsel 720 Goodlette-Frank Rd. #400 Naples, FL 34102 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 6/6/2019	Describe debtor's property that is subject to a lien Accounts, chattel paper, documents, equipment, general intangibles, instruments, and inventory, now or hereafter owned or acquired by Debtor, all proceeds, funds at any time in the Debtor's account, and any amount which may be due. Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$61,030.76	Undetermined
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Debtor **Starworks, LLC**

Name

Case number (if know)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.3 **Fox Capital Group, Inc.**

Creditor's Name

Attn: President or Gen Counsel
1125 N. Fairfax Ave, #46309
Los Angeles, CA 90046

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

5/3/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All accounts, chattel paper, documents, equipment, general intangibles, instruments, and inventory, now or hereafter owned or acquired by Debtor, all proceeds, all funds, present and future electronic chck transactions, and any amount which

\$100,740.00

Undetermined

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.4 **Knight Capital Funding**

Creditor's Name

9 E. Loockerman Street,
Suite 202-543
Dover, DE 19901

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

4/10/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Continuing security interest in and to all present and future accounts receivable, chattel paper, deposit accounts, personal property, assets and fixtures, general intagibles, instrument, equipment, inventory wherever located, and proceeds

\$105,284.03

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.5 **Next Wave Enterprises**

Describe debtor's property that is subject to a lien

\$180,714.24

Undetermined

Debtor **Starworks, LLC**

Case number (if know)

Name

Creditor's Name

**5757 Blue Lagoon Drive,
Suite 170
Miami, FL 33126**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

1/22/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Specified percentage of future receivables and all personal property that relates to the specified percentage of future receivables

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.6 Union Funding Source, Inc.

Creditor's Name

**Attn: President or Gen
Counsel
780 Long Beach Blvd.**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/29/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Future receipts

\$211,237.50

Undetermined

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.7 Vice Holding, Inc.

Creditor's Name

**Attn: Lucinda Treat
49 South 2nd Street
Brooklyn, NY 11211**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/31/2015

Last 4 digits of account number

Describe debtor's property that is subject to a lien

All assets of the Debtor whether now owned or hereafter arising from wherever located and all proceeds thereof pursuant to an Amended and Restated Term Note (Bridge Loan)

\$2,116,912.92

Undetermined

Describe the lien

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Starworks, LLC**

Name

Case number (if know)

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.8

West Coast Business Capital LL

Creditor's Name

Attn: President or Gen Counsel

**116 Nassau St, Suite 804
New York, NY 10038**

Creditor's mailing address

Describe debtor's property that is subject to a lien

All accounts and all proceeds

\$214,680.00

Undetermined

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

4/9/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,053,753.45

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Starworks, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>NYC Dept of Finance (LLC Tax) PO BOX 3923 Attn: Pres or Gen Counsel New York, NY 10008</p> <p>Date or dates debt was incurred 1/1/2018</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Taxes</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$19,149.00</p> <p>Unknown</p>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address</p> <p>1 Model Management Attn: Pres. or Gen Counsel 42 Bond Street, 2nd Floor New York, NY 10012</p> <p>Date(s) debt was incurred February 2019</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Settlement</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>\$18,635.00</p>
3.2	<p>Nonpriority creditor's name and mailing address</p> <p>4525 Wilshire LLC 3600 Birch Street, #250 Attn: Pres or Gen Counsel Newport Beach, CA 92660</p> <p>Date(s) debt was incurred 4/29/2019</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Rent</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>\$156,599.91</p>

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.3	Nonpriority creditor's name and mailing address 5 Crosby Street 5 Crosby Street Attn: Pres or Gen Counsel New York, NY 10013 Date(s) debt was incurred <u>3/1/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$288,280.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Aleron Technology Group, LLC 8815 144th Street Apt. 2G Attn: Kevin Singh Jamaica, NY 11435 Date(s) debt was incurred <u>5/20/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,162.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Computer Purchase-Mariko Mac</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Alex Goldstein 178 Ludlow Street Apt. 2B New York, NY 10002 Date(s) debt was incurred <u>7/8/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Freelance Work</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address American Express C/o Zwicker & Associates PO Box 9043 Andover, MA 01810-9043 Date(s) debt was incurred <u>April 2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$97,533.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Settlement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address AMEX (*1003) PO Box 1270 Attn: Pres or Gen Counsel Newark, NJ 07101 Date(s) debt was incurred <u>2/1/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,683.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Anchor Worldwide 333 Hudson Street, Suite 201 Attn: Hunter Blakely New York, NY 10013 Date(s) debt was incurred <u>9/5/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,763.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Anna J. Domoslawska 37-15 72nd Street Apt. 15 Jackson Heights, NY 11372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.10	Nonpriority creditor's name and mailing address Anthem Life/Disability Insuran PO Box 182361 Attn: Pres or Gen Counsel Worthington, OH 43085 Date(s) debt was incurred <u>8/1/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,501.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Art and Commerce 531 West 25th Street 4th Floor Attn: Pres or Gen Counsel New York, NY 10001 Date(s) debt was incurred <u>7/30/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$92,516.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address Astrina, Inc 55 Union Pl #200 Attn: Pres or Gen Counsel Summit, NJ 07901 Date(s) debt was incurred <u>6/2/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Atelier Management 529 S Broadway Suite 305 Attn: Pres or Gen Counsel Los Angeles, CA 90013 Date(s) debt was incurred <u>1/30/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,338.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Avril Films 72 rue Dulong Attn: Pres or Gen Counsel Paris, FR 75017 Date(s) debt was incurred <u>10/25/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$613.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Baker Tilly Virchow Krause LLP 1050 Crown Pointe Pkwy Ste 165 Attn: Jonathan Marks Atlanta, GA 30338 Date(s) debt was incurred <u>7/11/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,045.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Baume & Mercier 50 chemin de la chenaie 1293 bellevue Attn Pres or GC Geneva, Switzerland CP30 Date(s) debt was incurred <u>2/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$468,056.57 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.17	Nonpriority creditor's name and mailing address Bay Imaging, Inc. 1705 W University Dr Ste 108 Attn: Pres or Gen Counsel McKinney, TX 75069 Date(s) debt was incurred <u>3/4/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$633.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Goods</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address Bobb Barito 100 Maspeth Ave., Apt. 4A Brooklyn, NY 11211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address Bond Creative Search 134 Spring Street Suite 501 Attn: Pres or Gen Counsel New York, NY 10012 Date(s) debt was incurred <u>6/20/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address Borah, Goldstein, Altschuler 377 Broadway Attn: Pres or Gen Counsel New York, NY 10013 Date(s) debt was incurred <u>3/5/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,224.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address Bryant Artists 156-158 Ludlow Street - Ste 5R Attn: Pres or Gen Counsel New York, NY 10002 Date(s) debt was incurred <u>3/28/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,254.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address C&R Delaware Cut & Run Ltd. 599 Broadway 12th Floor Attn: Pres or Gen Counsel New York, NY 10012 Date(s) debt was incurred <u>6/6/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,772.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address Cadence NY 77 Franklin Street Floor 2 Attn: Pres or Gen Counsel New York, NY 10013 Date(s) debt was incurred <u>11/21/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Starworks, LLC Name	Case number (if known) _____
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3.24	Nonpriority creditor's name and mailing address Candice Roy 140 Dwight Place Englewood, NJ 07631 Date(s) debt was incurred <u>1/9/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,339.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Expense Reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address Cap Gun Collective, LLC 54 W Hubbard Street Ste 501 Attn: Pres or Gen Counsel Chicago, IL 60654 Date(s) debt was incurred <u>3/18/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$9,376.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address CARR PO Box 28330 Attn: Pres or Gen Counsel New York, NY 10087 Date(s) debt was incurred <u>2/27/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$281.63 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address CFG LLC 340 Madison Avenue Att: Stephanie Cabral-Choudri New York, NY 10173 Date(s) debt was incurred <u>9/30/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$329,331.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address Christiano Morroi 10 Bleeker Street Apt. 6D New York, NY 10010 Date(s) debt was incurred <u>3/23/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$133.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address CIT Direct Capital 155 Commerce Way Attn: Pres or Gen Counsel Portsmouth, NH 03801 Date(s) debt was incurred <u>9/14/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$749.70 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Computer Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address Cloutier Remix 8952 Ellis Avenue Attn: Pres or Gen Counsel Los Angeles, CA 90034 Date(s) debt was incurred <u>2/7/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.31	Nonpriority creditor's name and mailing address CM Designs Croyde Mirandon Mainkai 18 60311 Frankfurt am Ma Germany Date(s) debt was incurred <u>12/22/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,900.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address Code Gray LLC 100 Paterson Plank Rd Ste 403 Attn: Pres or Gen Counsel Jersey City, NJ 07307 Date(s) debt was incurred <u>7/2/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,960.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Settlement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address ColleenFrost&ClassofLAInterns C/o Outten&Golden/Rachel Bien One California St, 12th Flr. San Francisco, CA 94111 Date(s) debt was incurred <u>7/15/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$231,560.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Settlement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Collins Nai 209 Lexington Ave. Ground Floo Brooklyn, NY 11216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Currents 13 Rue David Chabas Attn: Pres or Gen Counsel 40130 Capbreton, France Date(s) debt was incurred <u>12/31/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,011.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address Daniela Quiroz 185 Clifton Place Apt. 4R Brooklyn, NY 11216 Date(s) debt was incurred <u>4/8/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address DG Premium Brands 761 Dock Street Attn: Pres or Gen Counsel Los Angeles, CA 90021 Date(s) debt was incurred <u>7/25/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$660,000.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services Not Rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Starworks, LLC Name	Case number (if known) _____
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3.38	Nonpriority creditor's name and mailing address Dialect, NY, LLC 77 Franklin Street, Floor 2 Attn: Pres or Gen Counsel New York, NY 10013 Date(s) debt was incurred <u>3/14/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address DJN Entertainment, Inc. 1880 Century Park East, #950 Attn: Pres or Gen Counsel Los Angeles, CA 90067 Date(s) debt was incurred <u>6/18/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address DNA 555 West 25th Street 6th Floor Attn: Pres or Gen Counsel New York, NY 10001 Date(s) debt was incurred <u>9/10/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address Domino New York LLC Attn: President or Gen Counsel 34 Ludlow Street Apt. 14 New York, NY 10002 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,727.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address Drinker Biddle & Reath LLP 105 College Road East Ste 300 Princeton, NJ 08542 Date(s) debt was incurred <u>8/8/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,770.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address Duc Dubois 1220 East West Hwy Suite 1518 Attn: Pres or Gen Counsel Silver Spring, MD 20910 Date(s) debt was incurred <u>3/15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address Duggal Attn: President or Gen Counsel 63 Flushing Ave. Brooklyn, NY 11205 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$304.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Starworks, LLC Name	Case number (if known) _____
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3.45	Nonpriority creditor's name and mailing address Dungeon Beach 63 North Third Street Attn: Pres or Gen Counsel Brooklyn, NY 11249 Date(s) debt was incurred <u>3/26/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,950.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.46	Nonpriority creditor's name and mailing address EMI Entertainment Word Regions Bank 550 Metroplex Dr Attn: Lockbox Department Nashville, TN 37211 Date(s) debt was incurred <u>3/27/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Licensing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address Empire Dental PO Box 202837 Attn: Pres or Gen Counsel Dallas, TX 75320 Date(s) debt was incurred <u>8/30/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$461.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address Empire HealthChoice PO Box 11744 Attn: Pres or Gen Counsel Newark, NJ 07101 Date(s) debt was incurred <u>8/1/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,764.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address Eric Mestman 614A Kosciuszko Street Apt. 2 Brooklyn, NY 11221 Date(s) debt was incurred <u>7/20/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address Exposure NY 100 Crosby Street Suite 407 Attn: Pres or Gen Counsel New York, NY 10012 Date(s) debt was incurred <u>7/1/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,721.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Express Connection 12021 Wilshire Blvd Suite 922 Attn: Pres or Gen Counsel Los Angeles, CA 90025 Date(s) debt was incurred <u>5/31/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$439.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Starworks, LLC Name	Case number (if known) _____
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3.52	Nonpriority creditor's name and mailing address Fashion GPS, Inc 22 West 27th Street 11th Floor Attn: Pres or Gen Counsel New York, NY 10001 Date(s) debt was incurred <u>4/1/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$14,698.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.53	Nonpriority creditor's name and mailing address FDZ Inc. SARL au capital de 42 rue de Maubeuge Attn: Pres or Gen Counsel PARIS, FR 75009 Date(s) debt was incurred <u>12/31/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$3,647.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address FedEx PO Box 371461 Attn: Pres or Gen Counsel Pittsburgh, PA 15250 Date(s) debt was incurred <u>1/16/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$643.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address FentonMoon Media Inc 207 East 63rd Street Suite 1W Attn: Pres or Gen Counsel New York, NY 10065 Date(s) debt was incurred <u>6/17/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,460.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address File Studios LLC 95 N 8th Street Attn: Mitchell Lyne Brooklyn, NY 11249 Date(s) debt was incurred <u>11/19/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$3,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address First Impulse 18 Goodyear Suite 125 Attn: Justin Hoel Irvine, CA 92618 Date(s) debt was incurred <u>12/20/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$33,146.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Francisco Fagan 10 Stuyvesant Oval 6F New York, NY 10009 Date(s) debt was incurred <u>7/26/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$4,194.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Starworks, LLC Name	Case number (if known) _____
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3.59	Nonpriority creditor's name and mailing address Gavin Francis Thomas 139 Meserole Street Brooklyn, NY 11206 Date(s) debt was incurred <u>3/9/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,820.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee Expense Reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address Gloss 28 West 25th Street Fl 12 Attn: Pres or Gen Counsel New York, NY 10010 Date(s) debt was incurred <u>7/23/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$47,195.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address Goldfine & Company, CPA, PC 24604 Jericho Turnpike Attn: Pres or Gen Counsel Bellerose, NY 11001 Date(s) debt was incurred <u>3/12/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,050.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address Green Line Digital 38 Pine Avenue Attn: Pres or Gen Counsel Madison, NJ 07940 Date(s) debt was incurred <u>10/1/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41,712.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address Greg Krelenstein 59 5th Avenue PH New York, NY 10003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,946.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Bonus</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address Guy Aroche C/o Peter Murphy-ML Management 250 West 57th St., 26th Flr. New York, NY 10107 Date(s) debt was incurred _____ Last 4 digits of account number <u>2017</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,193.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Settlement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address Hey Kyle LLC 16000 Ventura Blvd Suite 600 Attn: Pres or Gen Counsel Encino, CA 91436-2748 Date(s) debt was incurred <u>6/27/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Starworks, LLC**
Name

Case number (if known)

3.66	Nonpriority creditor's name and mailing address Iana Consulting 458 Putnam Avenue Attn: Pres or Gen Counsel Brooklyn, NY 11221 Date(s) debt was incurred <u>11/1/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95,000.00
3.67	Nonpriority creditor's name and mailing address Image Data Systems LTD - US \$ 20-24 Kirby Street Attn: Pres or Gen Counsel London EC1N 8TS, UK Date(s) debt was incurred <u>10/10/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
3.68	Nonpriority creditor's name and mailing address IMG Models, LLC PH North, 304 Park Ave South Attn: Pres or Gen Counsel New York, NY 10010 Date(s) debt was incurred <u>7/29/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.69	Nonpriority creditor's name and mailing address IMG UK LTD 97 Tottenham Court 3rd Fl Netw Attn: Pres or Gen Counsel London W1T 4TF, UK Date(s) debt was incurred <u>3/30/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.70	Nonpriority creditor's name and mailing address Immanuel Wilkins Music Immanuel Wilkins 2300 5th Avenue, Apt. 9D New York, NY 10037 Date(s) debt was incurred <u>9/27/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.71	Nonpriority creditor's name and mailing address Imperial Parking 1500 Duarte Road Attn: Coralia Munoz Duarte, CA 91010 Date(s) debt was incurred <u>2/27/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,920.00
3.72	Nonpriority creditor's name and mailing address Internal Revenue Service Internal Revenue Service Attn: Pres or Gen Counsel Cincinnati, OH 45999 Date(s) debt was incurred <u>1/9/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,961.07

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.73	Nonpriority creditor's name and mailing address Internal Revenue Service Bankruptcy Unit 290 Broadway - 5th Floor New York, NY 10007 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$271,541.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address INTHESOMEDAY 139 Meseorole Street Attn: Pres or Gen Counsel Brooklyn, NY 11201-6000 Date(s) debt was incurred <u>10/17/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,185.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address Irving Harvey LLC Irving Harvey 368 Broadway #203 New York, NY 10013 Date(s) debt was incurred <u>7/18/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address James Grant 463 Greenwich Street #1 New York, NY 10013 Date(s) debt was incurred <u>6/17/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$126,545.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Long term loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address James Grant 463 Greenwich Street #1 New York, NY 10013 Date(s) debt was incurred <u>6/17/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,689.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Long term loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.78	Nonpriority creditor's name and mailing address James Grant 463 Greenwich Street #1 New York, NY 10013 Date(s) debt was incurred <u>5/2/2005</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$291,314.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Long term loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address James Grant 463 Greenwich Street #1 New York, NY 10013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$95,416.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guaranteed Payments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Starworks, LLC Name	Case number (if known) _____
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3.80	Nonpriority creditor's name and mailing address Jenda Alcorn 1464 Morton Place Los Angeles, CA 90026 Date(s) debt was incurred <u>2/8/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$625.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.81	Nonpriority creditor's name and mailing address Jessica Rothman 15 Stewart Place Apt. 3B White Plains, NY 10603 Date(s) debt was incurred <u>6/3/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address John Walcott Associates, Inc. 3859 Cardiff Avenue Attn: Pres or Gen Counsel Culver City, CA 90232 Date(s) debt was incurred <u>4/9/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$3,333.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	Nonpriority creditor's name and mailing address JRW Entertainment 19829 Covello Street Attn: Pres or Gen Counsel Winnetka, CA 91306 Date(s) debt was incurred <u>10/6/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$40,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address Julian LaPlace 168 India Street Apt. 10 Brooklyn, NY 11222 Date(s) debt was incurred <u>6/15/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.85	Nonpriority creditor's name and mailing address Knowmore 111 Kent Avenue #5H Attn: Pres or Gen Counsel Brooklyn, NY 11211 Date(s) debt was incurred <u>3/31/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$14,501.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86	Nonpriority creditor's name and mailing address L.A. Models 7700 Sunset Boulevard Attn: Pres or Gen Counsel Los Angeles, CA 90046 Date(s) debt was incurred <u>6/20/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$5,600.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.87	Nonpriority creditor's name and mailing address LCA Bank Corporation PO Box 1650 Attn: Pres or Gen Counsel Troy, MI 48099 Date(s) debt was incurred <u>6/5/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,720.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Printer Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.88	Nonpriority creditor's name and mailing address Lisa Walker 16754 Ashley Oaks Encino, CA 91436 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Undetermined <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>SWA</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.89	Nonpriority creditor's name and mailing address LMC Worldwide LLC 295 Madison Avenue 12th Floor Attn: Pres or Gen Counsel New York, NY 10017 Date(s) debt was incurred <u>6/28/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$933.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.90	Nonpriority creditor's name and mailing address Luca Werner Maisacherstrabe 31 83356 Furstenfeldbruck Date(s) debt was incurred <u>10/25/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,450.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.91	Nonpriority creditor's name and mailing address Mader News, Inc 913 Ruberta Avenue Attn: Pres or Gen Counsel Glendale, CA 91201 Date(s) debt was incurred <u>1/1/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,248.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.92	Nonpriority creditor's name and mailing address Man Repeller, LLC 181 Mott Street, Apt. 2 Attn: Pres or Gen Counsel New York, NY 10012 Date(s) debt was incurred <u>11/15/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.93	Nonpriority creditor's name and mailing address Mark Noe 7 Queens Gardens Glasgow G12 9DG UK Date(s) debt was incurred <u>4/30/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,150.20 <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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Debtor	Starworks, LLC Name	Case number (if known) _____
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3.94	Nonpriority creditor's name and mailing address Merrilee Hesterfer Diaz 20 Pettit Street Bloomfield, NJ 07003 Date(s) debt was incurred <u>6/17/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,452.30
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3.95	Nonpriority creditor's name and mailing address Michael Page International Inc 622 3rd Avenue 29th Floor Attn: Pres or Gen Counsel New York, NY 10017 Date(s) debt was incurred <u>7/1/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,919.78
<hr/>			
3.96	Nonpriority creditor's name and mailing address Mitchell's PO Box 8367 Attn: Pres or Gen Counsel Long Island City, NY 11101 Date(s) debt was incurred <u>5/24/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,284.50
<hr/>			
3.97	Nonpriority creditor's name and mailing address Moyalaces, LLC 15706 Crenshaw Blvd. Attn: Pres or Gen Counsel Gardena, CA 90249 Date(s) debt was incurred <u>9/7/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
<hr/>			
3.98	Nonpriority creditor's name and mailing address Nate Best Studios Inc. 418 Prospect Ave, Apt. 2R Attn: Pres or Gen Counsel Brooklyn, NY 11215 Date(s) debt was incurred <u>7/22/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
<hr/>			
3.99	Nonpriority creditor's name and mailing address New York State Insurance Fund Workers Comp PO Box 5262 Attn: Pres or Gen Counsel Binghamton, NY 13902 Date(s) debt was incurred <u>11/2/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Workers Compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,321.58
<hr/>			
3.100	Nonpriority creditor's name and mailing address Next Management LLC 8447 Wilshire Blvd. Penthouse Attn: Pres or Gen Counsel Beverly Hills, CA 90211 Date(s) debt was incurred <u>6/22/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,400.00

Debtor	Name	Case number (if known)
Starworks, LLC		
3.101	Nonpriority creditor's name and mailing address Nice Creative Co. Attn: Pres or Gen Counsel 5529 W. Washington Blvd. Los Angeles, CA 90016 Date(s) debt was incurred <u>5/7/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,141.76
3.102	Nonpriority creditor's name and mailing address Nicola Bidder 37 Warneford Street London England E8 4NS Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Undetermined
3.103	Nonpriority creditor's name and mailing address NJJ Productions Inc. c/o FFO 135 West 50th St Fl 19 Attn: Pres or Gen Counsel New York, NY 10020 Date(s) debt was incurred <u>6/1/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$64,225.45
3.104	Nonpriority creditor's name and mailing address NYC Dept of Finance Church St Station Attn: Pres or Gen Counsel New York, NY 10008 Date(s) debt was incurred <u>4/30/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$16,551.79
3.105	Nonpriority creditor's name and mailing address NYC Glass Works Corp 2201 Neptune Avenue Attn: Pres or Gen Counsel Brooklyn, NY 11224 Date(s) debt was incurred <u>2/24/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$3,048.50
3.106	Nonpriority creditor's name and mailing address NYS Unemployment Insurance PO Box 4301 Binghamton, NY 13902-4301 Date(s) debt was incurred <u>5/22/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unemployment Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$4,956.88
3.107	Nonpriority creditor's name and mailing address Old World Imports, Inc. 44 Cocoanut Row Apt. A416 Attn: Pres or Gen Counsel Palm Beach, FL 33480 Date(s) debt was incurred <u>1/16/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$27,500.00

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.108	Nonpriority creditor's name and mailing address One Destiny Prod, Inc dba CMD 37 West 37th Street, 12th Fl Attn: Pres or Gen Counsel New York, NY 10018 Date(s) debt was incurred <u>4/10/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,050.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address Owens Group 619 Palisade Avenue Attn: Pres or Gen Counsel Englewood Cliffs, NJ 07632 Date(s) debt was incurred <u>3/23/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,449.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address PageGroup 622 3rd Avenue, 29th Floor Attn: Pres or Gen Counsel New York, NY 10017 Date(s) debt was incurred <u>6/4/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$18,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111	Nonpriority creditor's name and mailing address Patrick Butler 1485 5th Ave., Apt# 15J New York, NY 10035-2776 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Undetermined <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	Nonpriority creditor's name and mailing address Paul McFarlane 244 5th Avenue D213 New York, NY 10001 Date(s) debt was incurred <u>3/1/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$988.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113	Nonpriority creditor's name and mailing address Peter Hughes Assembly London 99 Gold Street, Apt. 4N Brooklyn, NY 11201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>sublease security deposit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address PG&CO Creative, Inc. c/o DuVal Fields CPA Group, PA 428 Walnut Street Green Cove Springs, FL 32043 Date(s) debt was incurred <u>6/15/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.115	Nonpriority creditor's name and mailing address Point Consultants Gene Reich 368 Broadway Suite 303 New York, NY 10013 Date(s) debt was incurred <u>7/1/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,726.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address Presti & Naegele (7739) 225 West 35th Street 16th Fl Attn: Pres or Gen Counsel New York, NY 10001 Date(s) debt was incurred <u>11/30/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,975.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address Project X PO Box 3486 Attn: Pres or Gen Counsel New York, NY 10007 Date(s) debt was incurred <u>2/1/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$484,785.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address Pulse Films Asleigh Lim 17 Hanbury Street London E1 6QR UK Date(s) debt was incurred <u>5/25/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address R&R Swindle Ltd. Unit 11 76 Eldon Street Sheffield, England S1 4GT Date(s) debt was incurred <u>1/21/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$182.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Goods</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	Nonpriority creditor's name and mailing address Rebekah Keida 71 West Hubbard Street Chicago, IL 60654 Date(s) debt was incurred <u>3/5/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,608.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address Ring Central, Inc. Dept. CH 19585 Attn: Pres or Gen Counsel Palatine, IL 60055 Date(s) debt was incurred <u>7/10/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,871.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)
Starworks, LLC		
3.122	Nonpriority creditor's name and mailing address Robert Half International, Inc PO Box 743295 Attn: Pres or Gen Counsel Los Angeles, CA 90074-3295 Date(s) debt was incurred <u>1/2/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$8,400.00
3.123	Nonpriority creditor's name and mailing address Samer Fawaz 3801 Glenfeliz Blvd. Los Angeles, CA 90039 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>SWA</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Undetermined
3.124	Nonpriority creditor's name and mailing address Schor Vogelzang LLP 600 B Street Attn: Pres or Gen Counsel San Diego, CA 92101 Date(s) debt was incurred <u>9/6/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$18,374.68
3.125	Nonpriority creditor's name and mailing address Scoosh, Inc. 200 Park Avenue South, 8th Fl Attn: Ryan Hayes New York, NY 10003 Date(s) debt was incurred <u>1/31/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$50,000.00
3.126	Nonpriority creditor's name and mailing address Second Son Consulting, Inc. 18401 Burbank Blvd. #222 Attn: Pres or Gen Counsel Tarzana, CA 91356 Date(s) debt was incurred <u>12/31/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,875.94
3.127	Nonpriority creditor's name and mailing address Sneeze LLC 604-1908 Scotia Street Attn: Pres or Gen Counsel Vancouver BC V5T 0E8 Date(s) debt was incurred <u>12/17/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$22,500.00
3.128	Nonpriority creditor's name and mailing address Sony Music Holdings, Inc. 25 Madison Avenue Attn: Pres or Gen Counsel New York, NY 10010 Date(s) debt was incurred <u>3/13/2017</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Licensing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$9,000.00

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.129	Nonpriority creditor's name and mailing address Stanley Security 8350 Sunlight Drive Suite 200 Attn: Pres or Gen Counsel Fishers, IN 46037 Date(s) debt was incurred <u>1/1/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,295.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.130	Nonpriority creditor's name and mailing address Starworks Artists, LLC 4525 Wilshire Blvd #150 Los Angeles, CA 90010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Undetermined <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.131	Nonpriority creditor's name and mailing address Stephanie Choudri 1061 Adams Avenue Franklin Square, NY 11010 Date(s) debt was incurred <u>6/4/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,559.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Expense Reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132	Nonpriority creditor's name and mailing address Streeters 190 Bowery Attn: Pres or Gen Counsel New York, NY 10012 Date(s) debt was incurred <u>6/19/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,298.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.133	Nonpriority creditor's name and mailing address Sullivan & Assoc Law Firm, PC 80 Maiden Lane Suite 1502 Attn: Pres or Gen Counsel New York, NY 10038 Date(s) debt was incurred <u>6/4/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$937.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134	Nonpriority creditor's name and mailing address Sullivan & Worcester LLP PO Box 842482 Attn: Pres or Gen Counsel Boston, MA 02284-2482 Date(s) debt was incurred <u>7/30/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,673.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address Svetlana Vareljan 463 Greenwich Street #1 New York, NY 10013 Date(s) debt was incurred <u>2/2/2006</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$201,593.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Long term loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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Debtor	Starworks, LLC Name	Case number (if known) _____
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3.136	Nonpriority creditor's name and mailing address Svetlana Vareljan 463 Greenwich Street #1 New York, NY 10013 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$95,416.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guaranteed payments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address Taste Art NYC LLC Attn: Pres or Gen Counsel 31 Washington St. #9 Brooklyn, NY 11201 Date(s) debt was incurred <u>7/28/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,396.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address The Laundress 247 West 30th Street, 7th Fl Attn: Lindsey Boyd New York, NY 10001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Undetermined <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract Dispute</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address The Wall Group 1801 W Olympic Blvd. Attn: Pres or Gen Counsel Pasadena, CA 91199 Date(s) debt was incurred <u>6/25/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,614.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address The Wall Group LA, LLC 38 West 21st Street, Fl 11 Attn: Pres or Gen Counsel New York, NY 10010 Date(s) debt was incurred <u>1/24/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,578.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address TimePayment Corp. PO Box 3069 Attn: Pres or Gen Counsel Woburn, MA 01888 Date(s) debt was incurred <u>6/5/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$741.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address TIPALTI INC 1810 Gateway Drive, Suite 260 Attn: Camy Anderson San Mateo, CA 94404 Date(s) debt was incurred <u>1/29/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor **Starworks, LLC**
Name

Case number (if known)

3.143	<p>Nonpriority creditor's name and mailing address</p> <p>Tracey Mattingly 717 North Highland Avenue Los Angeles, CA 90038</p> <p>Date(s) debt was incurred <u>1/24/2019</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Purchased Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,735.00
3.144	<p>Nonpriority creditor's name and mailing address</p> <p>Trinet One Park Ave South Suite 600 Attn: Pres or Gen Counsel Dublin, CA 94568</p> <p>Date(s) debt was incurred <u>7/15/2019</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Payroll</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$84,278.82
3.145	<p>Nonpriority creditor's name and mailing address</p> <p>Tyler Mitchell Studios 2858 Paces Lookout Lane SE Attn: Pres or Gen Counsel Atlanta, GA 30339</p> <p>Date(s) debt was incurred <u>8/11/2017</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Purchased Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$5,000.00
3.146	<p>Nonpriority creditor's name and mailing address</p> <p>United Talent Agency, LLC 9336 Civic Center Drive Attn: Pres or Gen Counsel Beverly Hills, CA 90210</p> <p>Date(s) debt was incurred <u>2/6/2019</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Purchased Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$27,500.00
3.147	<p>Nonpriority creditor's name and mailing address</p> <p>Universal Studios Oper Group PO Box 56257 Attn: Pres or Gen Counsel Los Angeles, CA 90074-6257</p> <p>Date(s) debt was incurred <u>1/1/2016</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Purchased Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$97,596.96
3.148	<p>Nonpriority creditor's name and mailing address</p> <p>Upgrade Services Attn: President or Gen Counsel 65 West 36th St., 4th Floor New York, NY 10018</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u> </u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$596.64
3.149	<p>Nonpriority creditor's name and mailing address</p> <p>Velem, LLC 15 West 26th Street, 8th Floor Attn: Pres or Gen Counsel New York, NY 10010</p> <p>Date(s) debt was incurred <u>6/4/2018</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Purchased Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$14,375.00

Debtor	Starworks, LLC Name	Case number (if known) _____
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3.150	Nonpriority creditor's name and mailing address Vice Holding Inc 49 South 2nd Street Attn: Pres or Gen Counsel Brooklyn, NY 11211 Date(s) debt was incurred <u>5/11/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Employee benefits</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185,317.00
<hr/>			
3.151	Nonpriority creditor's name and mailing address Vice Holding Inc Cingari Settlement 49 South 2nd Street Brooklyn, NY 11211 Date(s) debt was incurred <u>5/11/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Settlement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
<hr/>			
3.152	Nonpriority creditor's name and mailing address Vice Holding Inc -Marc Jacobs 49 South 2nd Street Brooklyn, NY 11211 Date(s) debt was incurred <u>5/11/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,700.00
<hr/>			
3.153	Nonpriority creditor's name and mailing address Vice Holding Inc-Audit 49 South 2nd Street Attn: Pres or Gen Counsel Brooklyn, NY 11211 Date(s) debt was incurred <u>5/11/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195,125.00
<hr/>			
3.154	Nonpriority creditor's name and mailing address Vice Holding Inc-Diadora Camp 49 South 2nd Street Attn: Pres or Gen Counsel Brooklyn, NY 11211 Date(s) debt was incurred <u>5/11/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00
<hr/>			
3.155	Nonpriority creditor's name and mailing address Vice Holding Inc-Expense Reim 49 South 2nd Street Attn: Pres or Gen Counsel Brooklyn, NY 11211 Date(s) debt was incurred <u>5/11/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Expense Reimbursement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,906.00
<hr/>			
3.156	Nonpriority creditor's name and mailing address Vice Holding Inc. Attn: Lucinda Treat 49 South 2nd Street Brooklyn, NY 11211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Certain 2019 payroll</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130,500.00

Debtor **Starworks, LLC**
Name

Case number (if known)

3.157	<p>Nonpriority creditor's name and mailing address Vice Holding, Inc. 49 South 2nd Street Brooklyn, NY 11211</p> <p>Date(s) debt was incurred <u>December 2016</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Line of credit</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,347,721.88
3.158	<p>Nonpriority creditor's name and mailing address Vice Holding, Inc. 49 South 2nd Street Brooklyn, NY 11211</p> <p>Date(s) debt was incurred <u>December 2016</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Promissory note</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$868,973.22
3.159	<p>Nonpriority creditor's name and mailing address Vice Holding, Inc. 49 South 2nd Street Brooklyn, NY 11211</p> <p>Date(s) debt was incurred <u>8/5/2019</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Legal</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$37,500.00
3.160	<p>Nonpriority creditor's name and mailing address Vison Models 8631 Washington Blvd. Attn: Pres or Gen Counsel Culver City, CA 90232</p> <p>Date(s) debt was incurred <u>1/16/2018</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Purchased Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,800.00
3.161	<p>Nonpriority creditor's name and mailing address Wells Fargo Financial Leasing PO Box 6434 Attn: Pres or Gen Counsel Carol Stream, IL 60197-6434</p> <p>Date(s) debt was incurred <u>8/2/2018</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Printer Lease</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$11,464.40
3.162	<p>Nonpriority creditor's name and mailing address Windstream PO Box 9001013 Attn: Pres or Gen Counsel Carol Stream, IL 60197-6434</p> <p>Date(s) debt was incurred <u>8/1/2017</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Purchased Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$20,449.24
3.163	<p>Nonpriority creditor's name and mailing address WME IMG Ent c/o WME Ent 9601 Wilshire Boulevard Attn: Pres or Gen Counsel Beverly Hills, CA 90210</p> <p>Date(s) debt was incurred <u>9/12/2018</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Purchased Services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$162,000.00

Debtor **Starworks, LLC**
Name

Case number (if known)

3.164	Nonpriority creditor's name and mailing address XPO Logistics 29564 Network Place Attn: Pres or Gen Counsel Chicago, IL 60673-1564 Date(s) debt was incurred <u>4/30/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.87
3.165	Nonpriority creditor's name and mailing address Zoe Bruns 15 West 11th Street Apt. 5A New York, NY 10011 Date(s) debt was incurred <u>6/13/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Purchased Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,500.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Aaron Bryant Stewart & Cross Attn: Nicole Vayo 3189 Princetown Rd. Suite 217 Hamilton, OH 45011	Line <u>3.61</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.2	Anderson Sleater Sianni LLC Attn: Jessica Sleater 1250 Broadway, 27th Floor New York, NY 10001	Line <u>3.59</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.3	Anderson Sleater Sianni LLC Attn: Jessica Sleater 1250 Broadway, 27th Floor New York, NY 10001	Line <u>3.102</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.4	Anderson Sleater Sianni LLC Attn: Jessica Sleater 1250 Broadway, 27th Floor New York, NY 10001	Line <u>3.111</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.5	Baranoff Law Firm PC Attn: Adrienne Baranoff 641 Lexington Ave., 15th Flr New York, NY 10022	Line <u>3.63</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.6	Brown Neri Smith & Khan LLP Attn: Ethan Brown 11601 Wilshire Blvd., Ste 2080 Los Angeles, CA 90025	Line <u>3.88</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.7	Brown Neri Smith & Khan LLP Attn: Ethan Brown 11601 Wilshire Blvd., Ste 2080 Los Angeles, CA 90025	Line <u>3.123</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—

Debtor Starworks, LLC Name		Case number (if known)
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed? Last 4 digits of account number, if any
4.8	Brown Neri Smith & Khan LLP Attn: Ethan Brown 11601 Wilshire Blvd., Ste 2080 Los Angeles, CA 90025	Line <u>3.130</u> <input type="checkbox"/> Not listed. Explain _____
4.9	Drinker Biddle & Reath LLP Attn: Marsha Indych 1177 Ave of the Americas,41 FL New York, NY 10036-2714	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____
4.10	Heerde Blum LLP Attn: Matthew Heerde 222 Broadway, 19th Flr New York, NY 10038	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____
4.11	Law Office of Adam Kotok, PC Attn: Adam Kotok 5701 Mosholu Ave., 2nd Flr Riverdale, NY 10471	Line <u>3.92</u> <input type="checkbox"/> Not listed. Explain _____
4.12	Poler Legal LLC Attn: Emily Poler 147 Prince Street Brooklyn, NY 11201	Line <u>3.74</u> <input type="checkbox"/> Not listed. Explain _____
4.13	Roach & Murtha, P.C. 500 BiCounty Blvd., Suite 475 Attn: Time Murtha Farmingdale, NY 11735	Line <u>3.32</u> <input type="checkbox"/> Not listed. Explain _____
4.14	Roach & Murtha, P.C. 500 BiCounty Blvd., Suite 475 Attn: Time Murtha Farmingdale, NY 11735	Line <u>3.144</u> <input type="checkbox"/> Not listed. Explain _____
4.15	The Volakos Law Firm PC Attn: John Boulos 120 Bay Ridge Avenue Brooklyn, NY 11220	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____
4.16	TheWallGroup/Nathreen Weicher 700 N. San Vicente Blvd Suite G600, 6th Floor Los Angeles, CA 90069	Line <u>3.139</u> <input type="checkbox"/> Not listed. Explain _____
4.17	Walters & Walkers Attn: Matthew Walters 20 Vesey St., Suite 700 New York, NY 10007	Line <u>3.76</u> <input type="checkbox"/> Not listed. Explain _____
4.18	Walters & Walkers Attn: Matthew Walters 20 Vesey St., Suite 700 New York, NY 10007	Line <u>3.77</u> <input type="checkbox"/> Not listed. Explain _____
4.19	Walters & Walkers Attn: Matthew Walters 20 Vesey St., Suite 700 New York, NY 10007	Line <u>3.78</u> <input type="checkbox"/> Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

Debtor **Starworks, LLC**
Name

Case number (if known)

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>19,149.00</u>
5b. +	\$ <u>8,787,522.29</u>
5c.	\$ <u>8,806,671.29</u>

Fill in this information to identify the case:

Debtor name **Starworks, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

LA office space lease

Terminates on 8/31/2026

**4525 Wilshire, LLC
C/o West Capital Partners
2101 Rosecrans Ave., Ste. 3270
El Segundo, CA 90245**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Professional liability insurance policy.

Terminates on 3/19/2020

**Beazley Group
Attn: Pres or Gen Counsel
333 West Wacker Drive
Chicago, IL 60606**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Contract in which Debtor provides certain services relating to marketing, comminations, and/or branding.

Terminates on 1/31/2020

**DG Premium Brands LLC
777 South Alameda St., Bldg 1
4th Floor
Los Angeles, CA 90021**

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Contract in which Debtor provides certain services relating to marketing, comminations, and/or branding.

Terminates until services are concluded and the Debtor has received all monies.

**DSM i-Health, Inc.
Attn: Pres. or Gen Counsel
55 Sebeth Drive
Cromwell, CT 06416**

Debtor 1 **Starworks, LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.5. State what the contract or lease is for and the nature of the debtor's interest **Water/ice machine**

State the term remaining

**Terminates on
4/24/2020**

**Sky Water
Attn: President or Gen Counsel
8747 20th Avenue
Brooklyn, NY 11214**

List the contract number of any government contract _____

2.6. State what the contract or lease is for and the nature of the debtor's interest **Security system for LA office**

State the term remaining

**Terminates on or about
12/14/2019**

**Stanley Convergent Security
Solutions
415 S. Lyon St.
Santa Ana, CA 92701**

List the contract number of any government contract _____

2.7. State what the contract or lease is for and the nature of the debtor's interest **Contract in which Debtor provides certain services relating to marketing, comminuations, and/or branding.**

State the term remaining

**Terminates on ro about
12/31/2019**

**The Laundress, Inc.
Attn: Pres or Gen Counsel
247 West 30th St, 7F
New York, NY 10001**

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name Starworks, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Avadel, LLC**

**Attn: President or Gen. Counse
5 Crosby Street, 6th Floor
New York, NY 10013**

Vice Holding, Inc.

☒ D 2.7
☐ E/F _____
☐ G _____

2.2 **James Grant**

**463 Greenwich Street #1
New York, NY 10013**

Vice Holding, Inc.

☒ D 2.7
☐ E/F _____
☐ G _____

2.3 **James Grant**

**463 Greenwich Street #1
New York, NY 10013**

Chrome Capital LLC

☒ D 2.1
☐ E/F _____
☐ G _____

2.4 **James Grant**

**463 Greenwich Street #1
New York, NY 10013**

**Knight Capital
Funding**

☒ D 2.4
☐ E/F _____
☐ G _____

2.5 **James Grant**

**463 Greenwich Street #1
New York, NY 10013**

**Chrome Capital LLC
(Bridge)**

☒ D 2.2
☐ E/F _____
☐ G _____

Debtor **Starworks, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	James Grant	463 Greenwich Street #1 New York, NY 10013	Next Wave Enterprises	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	James Grant	463 Greenwich Street #1 New York, NY 10013	Fox Capital Group, Inc.	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	James Grant	463 Greenwich Street #1 New York, NY 10013	Union Funding Source, Inc.	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	James Grant	463 Greenwich Street #1 New York, NY 10013	West Coast Business Capital LL	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Starworks Artists LLC	Attn: President or Gen Counsel 4525 Wilshire Blvd #150 Los Angeles, CA 90010	Vice Holding, Inc.	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	Starworks Artists LLC	Attn: President or Gen Counsel 4525 Wilshire Blvd #150 Los Angeles, CA 90010	Union Funding Source, Inc.	<input checked="" type="checkbox"/> D <u>2.6</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	Starworks Artists LLC	Attn: President or Gen Counsel 4525 Wilshire Blvd #150 Los Angeles, CA 90010	West Coast Business Capital LL	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	Starworks London Limited, Ltd	Alexander Lawson Jacobs 1 Kings Avenue London N21 3NA	Vice Holding, Inc.	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Starworks, LLC**

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Svetlana Vareljan	463 Greenwich Street #1 New York, NY 10013	Vice Holding, Inc.	<input checked="" type="checkbox"/> D <u>2.7</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Svetlana Vareljan	463 Greenwich Street #1 New York, NY 10013	Chrome Capital LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Svetlana Vareljan	463 Greenwich Street #1 New York, NY 10013	Chrome Capital LLC (Bridge)	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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